Attorney Docket No. REB/001 DIV

Applicant

Rebecca Gomez

For

APPARATUS FOR TREATING HEMORRHOIDS AND SIMILAR AILMENTS

22154 U.S. PTO 10/696258 102803

## EXPRESS MAIL CERTIFICATION

"Express Mail" mailing label number <u>EV242440423US</u>
Date of Deposit <u>October 28, 2003</u>

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop PATENT APPLICATION, Hon. Commissional for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Mail Stop PATENT APPLICATION Hon. Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Claire J. Saintil-van Goudinan

## TRANSMITTAL LETTER FOR RULE 53(b) CONTINUING PATENT APPLICATION

Sir:

This is a request for filing a  $\square$  continuation,  $\boxtimes$  divisional application of pending prior Application No. 09/781,342 (Confirmation No. 1972), filed February 12, 2001.

Transmitted herewith for filing are the X specification; X claims; X abstract; X declaration and power of attorney for the above-identified patent application.

The enclosed declaration is:

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of the

The prior application, Application No. 09/781,342, filed February 12, 2001, is assigned of record to Florez & Co.

## Also transmitted herewith are:

X _3	3 sheets	of:									
	X	Formal	drawings								
	Informal drawings. Formal drawings will be filed during the pendency of this application.										
<u> </u>	- An assign	nment.of.t	he invent	ion t	.0		. 11.	,	<del> :</del>	<del></del> -	
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X	An Inform	mation Dis	closure S	tatem	ment (in	duplica	ate).			•	
X	Form PTO-	-1449 (in	duplicate	).				,			
X	A Preliminary Amendment is enclosed.								÷.		
X	An Application Data Sheet.										
	An associ	iate power	of attor	ney.							
	A certifi									application	1,
The f	iling fee	has been	calculate	d as	shown be	low:					
FOR		NUMBER FILED	÷		NUMBER EXTRA		RATE			FEE	
BASIC	FEE				•	ř.		•. •	\$	385.00	
TOTAL	CLAIMS	9	- 20	=	.0	x	\$ 9	= .	\$	0.00	
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Â	MULTIPLE	DEPENDENT	CLAIM			+	\$145		\$	0.00	0
			·				TOT	AL	\$	385.00	=

- X A check in the amount of \$385.00 in payment of the filing fee is transmitted herewith.
- The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

Please charge \$ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

George 1/ Kanabe

Registration No. 51,858

Agent for Applicant

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